

Attachment 6
Commander's Authorization
"Warfighter" Corneal Refractive Surgery (CRS) Program

_____, a member in your command, wishes to have laser vision correction surgery at a at a DOD "Warfighter" Corneal Refractive Surgery Center. **The policy letter "The USAF 'Warfighter' Corneal Refractive Surgery (CRS) Program (Includes both Photorefractive Keratectomy (PRK) and Laser-In-Situ Keratomileusis (LASIK) (SG Policy letter #03-002) should be reviewed prior to completion of this authorization.** This policy letter outlines the purpose of this program, issues to consider before authorizing an individual to enter the program, and procedures to be followed. Your signature on this form acknowledges an understanding of the policy and willingness to ensure compliance with the requirements of the program.

Access to the DoD laser centers is prioritized according to the Attachment 5 of the policy letter. In your best judgment, indicate which prioritization category applies to this individual:

Priority 1 2 3 4 Member's AFSC Duty _____ Primary _____

To ensure a return on investment for the Air Force and the appropriate follow-up, it is preferable that an individual **have one-year retainability on active duty from the date of surgery.** The individual **must have at least 6 months IAW AFI 48-123, Medical Examinations and Standards.**

Participation in this program requires a considerable investment of time by the individual resulting in absences from duty. **These are the minimum requirements:**

Initial evaluation (local medical treatment facility (MTF)) – one half day
Surgery – One week off work (two weeks if both eyes cannot be done at the same time)
Postoperative evaluations (local MTF) – Six visits up to one half day each in the first year

Recovery from surgery will impact the individual's activities. Expect some limitations on routine duties for up to one month depending on vision standards applicable to individual's AFSC. The wear of sunglasses outdoors for the first year is strongly recommended to prevent complications. **The individual may be off mobility for up to four months (PRK) while on steroid eye drops (minimum one month for LASIK).** Member should not be assigned to isolated duty without access to USAF optometry during that time period.

The member must bring this letter to the optometry clinic at the initial evaluation. Individuals will be required to re-accomplish this authorization letter if surgery is scheduled more than 3 months from the date it is signed.

Supervisor
Signature _____ Date _____

Unit Mobility Officer
Signature _____ Date _____

Commander
Name (print) _____ Unit _____

Signature _____ Date _____